



Health Form for Ongoing Trips & Programs 2016



Thank you for your participation at Park Place! In order to enjoy your Park Place programs and activities, a Health Form, for the current year, should be on file for your safety and benefit.

Do you want your basic contact information to be included in the Park Place Directory? Yes ☐ No ☐

PRINT NAME: _____ PHONE: (____)____-____ EMAIL: _____
ADDRESS: _____ CITY: _____ ZIP: _____ DATE OF BIRTH*: ____-____-____
(Apt. number or unit) (mo) (day) (year)
**DOB is required for our reporting requirements*

EMERGENCY CONTACT

PRINT NAME: _____ RELATION TO YOU: _____ PHONE: (____)____-____
ADDRESS: _____ CITY: _____ ZIP: _____ CELL/WORK PHONE (____)____-____
(Apt. number or unit)

MEDICAL: The following information will help us provide proper aid or assistance in case of a medical emergency:

Primary Dr's Name: _____ PHONE: (____)____-____ Specialist Dr's Name: _____ PHONE: (____)____-____

1. Do you have any medical problems or potential problems we should be aware of? Please explain:

See other side

LAST NAME

2. Do you have or have had any of the following conditions? (check all that apply):

☐ Heart condition ☐ Seizures ☐ Respiratory condition ☐ Diabetes ☐ Other: _____

3. Are you currently wearing any type of medical aid, apparatus or device? (For example, heart aid) Please explain:

4. Please list all medications you are currently taking:

5. Please note any allergies you have:

LIABILITY & EMERGENCY TREATMENT RELEASE

City of Johns Creek Recreation & Parks Division – Ongoing Trips & Programs

In consideration of the benefits flowing to the participant as a result of the program named above, the undersigned agrees to indemnify, hold harmless and defend the City, its public officials, officers, employees, and agents from and against any and all liabilities, suits, actions, legal proceedings, claims, demands, damages, costs and expenses (including reasonable attorney's fees), including, without limitation, property damage or bodily injury suffered by the undersigned as a result of participating in said program, except for such claims that arise from the City's sole negligence or willful misconduct. Being fully aware of the risk of bodily injury, the undersigned does further agree that participant assumes the risk of danger involved in the program and any play associated therewith. Being desirous of arranging for the emergency medical care and treatment of the undersigned, I do hereby authorize the City of Johns Creek to act in the following matters in my behalf, place and stead.

(A) To obtain and authorize medical care for the undersigned at any hospital, emergency medical center, or any other health or medical facility; by any doctor, osteopath, nurse, surgeon, or any other practitioner of a healing art;

(B) To do any other thing or perform any other act, not limited to the foregoing, which the undersigned might do in person, in order to provide for the medical care and welfare of the participant.

The undersigned further agrees to be responsible for the expenses of any medical care needed by the undersigned, and to hold all staff authorizing the medical care harmless for any damages suffered as a result of the medical treatment authorized. This medical authorization shall remain effective until such time as the program has been completed.

Signature _____ Date _____

I DECLINE TO SIGN THE LIABILITY & EMERGENCY TREATMENT RELEASE

Signature _____ Date _____